

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

This declaration is of the following type:

- ☒ original
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTROL VALVE FOR A VENTILATOR

SPECIFICATION IDENTIFICATION

The specification of which:

- ☐ is filed herewith
- ☒ was filed on October 5, 2006, under Serial No. 10/599,677; or
- ☐ Express Mail No.(as Serial No. not yet known) and was amended on (if applicable)
- ☒ was described and claimed in PCT International Application No. PCT/SE2005/000493 filed on 5 April 2005.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56, and which is material to the examination of this application; namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

- ☐ In compliance with this duty there is attached an Information Disclosure Statement in accordance with 37 CFR §1.98.

☐ Such applications have been filed, as follows:

<u>Serial Number</u>	<u>Filing Date</u>	<u>Patented</u>	<u>Pending</u>	<u>Abandoned</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POWER OF ATTORNEY

I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office having a Customer Number 54698 connected therewith.

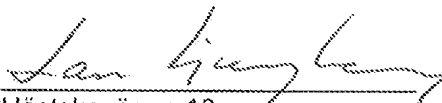
Send correspondence and direct telephone calls to:

Alan Taboada, Esq.
 MOSER IP LAW GROUP.
 1040 Broad Street – 2nd Floor
 Shrewsbury, NJ 07702
 Telephone: 732-935-7100

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and, further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Sec. 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

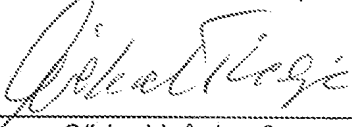
Full name of **sole or first** inventor: LJUNGBERG, Lars

Inventor's signature:  Date: 20 Dec. 2006
 Residence: Hästskovägen 18
 S-448 34 Floda
 Sweden

Post Office Address: same as above

Country of Citizenship: Sweden

Full name of **second** inventor: TIEDJE, Mikael

Inventor's signature: 

Date: 19 Dec 2006

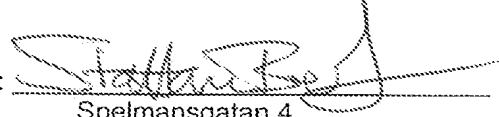
Residence:

Södra Ligården 2
S-425 30 Hisings Backa
Sweden

Post Office Address: Same as above

Country of Citizenship: Sweden

Full name of **third** inventor: BENGTTSSON, Staffan

Inventor's signature: 

Date: 19 Dec 2006

Residence:

Spelmansgatan 4
S-416 52 Göteborg
Sweden

Post Office Address: same as above

Country of Citizenship: Sweden

(Declaration ends with this page)